Standards for Online and Remote Providers of Sexual and Reproductive Health Services.

A Joint BASHH/ FSRH Standard

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Standards for Online and Remote providers of Sexual and Reproductive Health Services.

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Executive Summary

The rapid expansion in providers of online Sexual Health/Sexual and Reproductive Healthcare (SH/SRH) services has enabled and empowered users to access their healthcare in more ways than through a face-to-face consultation with the health care professional.

The FSRH and BASHH support these innovations and recognise that these services have enormous potential but are seeking key assurances in the standards of care and quality of services provided.

The FSRH and BASHH have co-authored this set of standards to be used as a benchmark for all providers of online SH/SRH services, and as a tool for commissioning of services and for service users to understand what to expect from their provider.

The five standards mirror the key lines of enquiry followed by the Care Quality Commission (CQC) and are summarised below:

Standard 1. Safe:

> Providers must satisfy themselves that they can make an adequate and reliable assessment which does not compromise on service user care; have safety nets in place to manage and limit risks associated with remote consultations; ensure all staff receive appropriate training and maintain their skills; and have a system in place which enables a comprehensive approach to risk identification, assessment analysis and response in remote consultations.

Standard 2. Effective

> Providers shall ensure that valid consent is obtained from service users by providing them with adequate information to make an informed decision, free from duress; ensure all staff are adequately trained to obtain valid consent by assessing for capacity in line with current UK legislation and General Medical Council Guidance; consider how permission to share information is recorded and conducted; ensure appropriate and secure management of service user information in line with current guidance; and adhere to the UK Code of Non-broadcast Advertising and Direct & Promotional Marketing code (CAP code), with regard to relationships with pharmaceutical companies and advertising of their products.

Standard 3. Treating People with Kindness, Respect and Compassion

> Providers shall ensure access to their services is inclusive and makes consideration and provides support to enable those who may find it difficult to use.; staff delivering online consultations understand and promote compassionate, respectful and empathetic behaviour; that the tests they utilise meet all UK standards and that processes are in place for monitoring and evaluating their workload; that any user interface is easy to navigate with regular review and input from the Service User; and adhere to national guidance and standards regarding the use of service user information and demonstrate how confidentiality is maintained.

Standard 4. Responsive

> Providers must be able to demonstrate how they promote equality within their services and fulfil the Equality Act 2010; how they collect, manage and respond to suggestions, concerns and complaints from service users; as well as how user and public involvement is encouraged and developed.

Standard 5. Governance and Leadership

> Providers should ensure that a clear strategy is in place to deliver a high quality and sustainable care plan. The provider must be registered with the appropriate regulatory body and processes in place to continually review and improve services.

Current research and evidence regarding SH/SRH provision through online services is still in its infancy. It is imperative that the level of clinical excellence, governance, safety and care delivered through these new modalities is not compromised.

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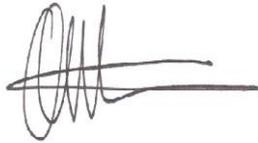
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Introduction

In 2018 the CQC published a report following the first full programme of inspections of online providers of primary health care.[1] There are an increasing number of online health providers in the UK but currently only 40 are registered with the CQC. They offer a variety of consultation modalities; from real-time interactive health care, via a video link, to web-based questionnaires. Many of these providers offer management of sexual infections and provision of contraception. However, the report found that there were inconsistencies among the providers in their delivery of services regarding the standards of care adhered to and clinical guidance offered to service users.

The report highlighted specific concerns around safe prescribing practices, consent and capacity, proof of identity and safeguarding of children and vulnerable adults. These issues are especially pertinent in providing safe, effective online SH/ SRH and contraception services. The FSRH and BASHH strongly believe that, irrespective of consultation modality, best practice and guidelines must be adhered to at every service user contact to ensure safety and quality of care.

Following round table discussions amongst the key stakeholders (RCN, RCGP, CQC and with involvement from providers: Lloyds Online Pharmacy and SH:24), FSRH and BASHH decided to write and collate a set of standards to be used as a benchmark for all providers of online SH/ SRH. These could also be used as a tool for commissioning of services and for service users to understand what to expect from their provider.

The standards mirror the key-lines of enquiry followed by the CQC in their initial inspections.

Standard 1. Safe: (Medicine Management, Safeguarding, Staffing and Training, Risk Management,)

Does the provider adhere to national guidance with regard to prescribing of medicines, managing and responding to risks, monitoring health and safety and adhering to national policy on staffing and recruitment?

Standard 2. Effective (Obtaining Valid Consent, Assessing Capacity, Management of Information, Record Keeping and Marketing and Advertising Standards)

Does the provider deliver according to evidence-based best practice with regard to:

• assessing consent and capacity,

• what quality improvement activity occurs i.e. audit,

• what programmes are in place to ensure staff are appropriately trained and have opportunity for CPD,

• what policies are in place for sharing service user information; and

• whether national guidance on recording and storing of service user data are being adhered to.

Standard 3. Treating People with Kindness, Respect and Compassion (Access to Services, Consultations, Workload, Supporting Service User Involvement, and Confidentiality.)

Does the provider demonstrate that they were 'caring': how was service user confidentiality checked and maintained; how were service user's views about the service gathered and reflected into practice; and how was service information shared with service users?

Standard 4. Responsive (Equality, Responding to Suggestions, Concerns and Complaints, Service User and Public Engagement)

How well does the service perform in responding to service user's needs, listening to and learning from concerns; what policies do they have in place for managing complaints; and how do they tackle inequality?

Standard 5. Governance and Leadership (Leadership, Vision and Strategy, Culture of the Organisation, Governance and Management, Learning, Improvement and Innovation)

What leadership and governance structures are in place to underpin the services and ensure quality and safety at all levels?

The rapid expansion in providers of online SH/ SRH has enabled both public and private providers to engage with the challenges of health provision in the twenty-first century. Innovative technology has enabled service users to access health care in more ways than the primary provision of care through a face-to-face consultation with the doctor. The FSRH and BASHH support these improvements that benefit their service users, and recognise that these services have enormous potential, but are seeking key assurances in the standards of care and quality of services provided. Current research and evidence around SH/ SRH provision through online services is still in its infancy. It is imperative that the level of clinical excellence, safety and care delivered through these new modalities is not compromised.

It is recognised that due to the dynamic nature of development within health technology, the standards within this document may become obsolete or outdated very quickly. Health professionals should consider local and national policy in conjunction with this guidance. Each standard is presented by a 'boxed' key auditable outcome which providers can use as a benchmark when reviewing their services in line with their regulatory bodies.

There are multiple terms used to describe the Providers of contraception and SH/ SRH care. For this reason, the authors have agreed that any service which encompasses these specialisms will be termed SH/ SRH within this document.

1 Standard 1. Safe

1.1 Standard Statement on remote prescribing[2]

> When prescribing remotely, the prescriber must satisfy themselves that they can make an adequate and reliable assessment which does not compromise on service user care.

1.1.1 All services providing remote prescribing should have policies in place to ensure that any software products used for consulting remotely are secure, provide a robust audit trail and comply with clinical and information governance standards.

1.1.2 Before prescribing for a service user via telephone, video-link or online, the prescriber must satisfy themselves that they can make an adequate assessment, establish a dialogue and obtain the service user's consent.[3]

1.1.3 GMC guidance on consent in prescribing should be adhered to including the ability to assess the service user's condition before deciding to prescribe a medicine.[4] If you do not feel able to do this remotely, procedures should be in place for the service user to be seen "face-to face" for examination prior to prescribing.

1.1.4 You may prescribe only when they have adequate knowledge of the service user's health and are satisfied that the medicines serve the service user's needs. You must consider:

a. The limitations of the medium through which they are communicating with the service user

b. The need for physical examination or other assessments

c. Whether you have access to the service user's medical records

1.1.5 When prescribing online or remotely you must consider whether and how you can identify safeguarding concerns and vulnerable service users. Clear systems must be in place to ensure safety to an "at-risk" person eg. Flagging multiple accounts or frequent requests, assessing concerns regarding capacity to consent.

1.1.6 The prescriber must adhere to national and local policy on safeguarding children and vulnerable adults and have procedures in place for the escalation of safeguarding concerns when they become known.

1.1.7 The prescriber must consider the suitability of the treatments and conditions managed/offered remotely and whether they safely meet the service user's needs or whether the service user should be seen in person. If this is the case, the online provider must have pathways in place for safe and timely referral ie for blood pressure check prior to oral contraception pill or wider pathogen testing or review of complex dermatosis.

1.1.8 Service users should be given the opportunity to ask questions and clarify any concerns that they may have regarding their prescription at any time in the process. This should include contact details after the initial consultation is complete.

1.1.9 Service users should be provided with information about the medication and alternative options in a form they understand and tailored to their needs. Service user information leaflets are useful supplements.

1.1.10 Service users requiring contraception provision should have supplies with an expiry date that is beyond the duration of provision and with recommendations on their choices for future contraception and provision, including when a face to face consultation would be required. All women should be advised about the contraceptive effectiveness and side effects of the method they have chosen and about long acting reversible contraception (LARC).

1.1.11 It is the online providers responsibility to have processes in place to collect feedback from service users on their experiences.

1.1.12 Service users should be afforded the same level of confidentiality that they would receive at a face to face consultation within a SH/ SRH service. Therefore, it is the prescriber's responsibility to make this explicit and consent should be sought as to how the service user would like to receive results (i.e. letter, SMS, email) and with whom information can be shared (i.e. GP). This should be checked and confirmed at each contact and not presumed to be static.

1.1.13 Prescribers should adhere to national guidelines on prescribing (i.e. BASHH, FSRH) and recognise their limitations. The mode of consultation should not interfere with best practice prescribing, and where this cannot be safely done online, pathways must be in place for timely referral (eg, administration of intramuscular or subcutaneous treatments or fitting of an IUCD for emergency contraception).

1.1.14 Prescribers should follow the most up-to-date guidance on epidemiological treatment pathways recognising their duty as stewards of antibiotics.[5]

1.1.15 Prescribers should adhere to GMC recommendations on prescribing "off label".

1.2   Safeguarding

Services should have safety nets in place to manage and limit risks associated with
remote consultations

1.2.1   Services should be aware there are obstacles to consulting via remote means. For
example, with a telephone consultation, physical symptoms or demeanour cannot be
assessed. Similarly, an online questionnaire is not a two-way process meaning
uncertainties cannot be clarified and follow-up questions cannot be asked.[6]

1.2.2   Services should assess, and review regularly, the limitations and risks of
communicating with service users via telephone, video link and online.[7]

1.2.3   Clinicians should be aware of the difficulties in assessing service users with
vulnerabilities; such as young age, mental health problems, adults who lack capacity,
those with complex medical histories, polypharmacy, or where there may be a need
to break bad news or complex ethical issues.[7]

1.2.4   Staff should be adequately trained in adult and young people safeguarding and this
should be kept up to date.[1]

1.2.5   It is recommended that all sexually active young people <16 years should have a risk
assessment performed for Child Sexual Exploitation (Appendix 2) by an appropriately
trained health professional.

1.2.6   Young people <16 years should be offered a face-to-face consultation as the
recommended choice of consultation method.

1.2.7   Services should have access to appropriate medical records or arrange for further
information before prescribing, as appropriate.[7]

1.2.8   The likelihood of a physical examination should be assessed for any given
presentation and arrangements made for face to face consultation, either for initial
appointment of for further follow up.[6,7]

1.2.9   If follow up is deemed necessary, this should be organised in a timely fashion.

1.2.10 Staff should follow local and national guidance on good medical/ nursing practice and
in prescribing and managing medicines (see Section 1).[8]

1.2.11 Providers of services should ensure policies for safeguarding are available to all staff.
There should be a designated Safeguarding Lead within the service.[13]

1.2.12 Where concerns are raised during a remote consultation that cannot be adequately
assessed or addressed, service users should be signposted to a local SH/SRH
service.[1]

1.3   Staffing and Training

> All staff providing remote and online services in SH/ SRH services should receive
> appropriate training and must maintain their skills

1.3.1   Providers should have the appropriate skills to deliver remote and online
consultations, in line with the skills they would have for a similar face to face
consultation.

1.3.2   All health professionals providing contraception or sexual infection testing and
treatment should hold a relevant qualification in SH/ SRH. For example, a current
diploma in Sexual and Reproductive Healthcare (DFSRH), STIF foundation or be
trained to equivalent competencies, as stipulated by their educational and
professional bodies. They should be able to show evidence of accreditation.[9]

1.3.3   All health professionals, including pharmacists and Health Care Technicians working
in SH/ SRH services should be trained to the competencies laid down by their
educational body.[9]

1.3.4   Health professionals should be aware of their skills and limitations, and only work
within their competencies. They must seek advice from colleagues appropriately.

1.3.5   Where a Health professional is working with young people, they should have an
understanding of adolescent development and experience of working with young and
vulnerable people, including training in CSE and safeguarding.[9]

1.4   Management of risk and performance

> Sexual and Reproductive Healthcare services should have a system which enables a comprehensive approach to risk identification, assessment analysis and response in remote consultations. Service user safety should not be compromised by the modality of consultation.

1.4.1   There are potential safety risks to consulting remotely and services should identify and manage those risks and recognise that remote consultations are not always the right choice. See Appendix 1 for GMC guidance on deciding whether to perform a remote consultation.

1.4.2   Providers of online services in England are required to be registered with the CQC and are subject to inspection, monitoring and regulation.[10] In Scotland, services independent of the NHS must be registered with Health Improvement Scotland (HIS).[1] The equivalent bodies in Wales and Northern Ireland are the Care Inspectorate Wales (CIW) and the Regulation and Quality Improvement Authority (RQIA) respectively.

1.4.3   When using digital systems, triaging tools and symptoms checkers, it is important to recognise the risks associated with the use of these systems.

1.4.4   Inappropriate triaging of service users, wrong decisions from using symptom checkers, or failures in the electronic transfer of clinical data to the clinician, could all result in harm to the service user. Suppliers should be accountable for the performance of their systems and continue to improve their quality in response to these potential issues.[11]

1.4.5   A register should be established with a process in place to monitor and review risk regularly.[7]

1.4.6   Services should have a system which enables a comprehensive approach to risk identification and should include both prospective and retrospective indicators.[12]

1.4.7   Risk assessment should be carried out routinely, to establish the level of risk associated with a particular activity. For example, access to service user records, current medication.[12]

1.4.8   The cause of any incident should have a clear process for analysis.[12]

1.4.9   Risk and response to risk should be monitored by a designated team within a department and a risk register should be maintained.[12]

1.4.10   There should be a systematic programme of internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken. The organization should take part in appropriate local and national audit programmes working in collaboration with the relevant Colleges, Faculties and Specialist Societies. Systems should be in place to regularly review performance against all relevant NICE standards and CQC guidance.

1.4.11   Potential risks should be taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. Contingencies for the supply of key laboratory, IT and pharmacy must be realistic and regularly updated. Any planned or unplanned limitation of service and the subsequent consequences to other providers, must be considered and discussed, with partner organisations and the relevant commissioners for those services.

1.4.12 Any apps and software qualify as a medical device and must be CE marked (hold a cyber essentials certificate) in line with the EU medical devices directive and registered with the Medicines and Healthcare products Regulatory Agency (MRHA).[7]

1.4.13 Services should check that their websites are secure with the necessary cyber essential certification to protect from malware, hacks and cyber-attacks.[7]

1.4.14 When procuring these systems, services should check with the system supplier how service user data is used, for what purpose and what they are consenting service users to.[7]

1.4.15 Services should ensure there are appropriate processes and systems of support in place to facilitate debriefs following difficult consultations and peer support for clinical dilemmas.[13]

1.4.16 When considering developments to services or efficiency changes, the impact on quality and sustainability must be assessed and monitored. In particular, an impact assessment should be conducted, addressing how any changes will impact the vulnerable and disadvantaged.

2 Standard 2. Effective

2.1 Obtaining Valid Consent

> Sexual and Reproductive health services should ensure that valid consent is obtained from service users by providing them with adequate information to make an informed decision, free from duress.

2.1.1 Informed consent is obtained following the process of shared understanding and decision making between service user and clinician. Online service providers should adhere to this process diligently and robustly.[14]

2.1.2 When seeking consent for a test, clinicians should ensure that service users are fully informed on the nature of the test being carried out, the implications of results and ascertain how service users would like to receive their results.

2.1.3 When seeking consent for treatment, clinicians should ensure that service users are fully informed on the consequences and risks of the treatment being offered, if the medicine is being used for an off-license purpose, as well as any reasonable or accepted alternative treatments.

2.1.4 In order to obtain valid consent, clinicians should ensure that they have carried out an adequate assessment, and are satisfied that the service user has mental capacity, enough information to make the decision, and is free from duress.

2.1.5 On line service providers should ensure all staff are adequately trained to obtain valid consent by assessing for capacity in line with current UK legislation and General Medical Council Guidance.[1]

2.1.6 Providers should ensure service users have access to reliable sources of service user information along with adequate time to make a decision prior to valid consent being obtained. In particular, providers should consider providing information in a variety of languages, along with other aids for service users with disabilities, to help them understand and consider information in their own time.[15]

2.1.7 Service providers should be aware that online consultations may not be appropriate for all service users, for example, <16 years, those with learning difficulties, have complex medical problems, may require a physical examination or lack mental capacity. Therefore, they should take the necessary steps to check the suitability of the service for the service user and offer face to face consultations or refer to another service if an online consultation is deemed inappropriate.[13] See also Appendix 1.

2.1.8 Where service users have consented to carers, parents or relatives communicating with providers using online consultations, care should be taken to ensure a separate identity verification process prior to granting authorisation by proxy.

2.1.9 All decisions relating to consent and capacity should be clearly recorded in the service user records in detail.

2.2   Assessing Capacity

> On line service providers should ensure all staff are adequately trained to obtain valid consent by assessing for capacity in line with current UK legislation and General Medical Council Guidance.

2.2.1   Clinicians seeking to obtain valid consent must be sure that the person giving consent can understand, retain and weigh the information relating to the decision. See Appendix 3.

2.2.2   Adults (persons aged 18 years and over in England or aged 16 and over in Scotland) are assumed to be competent to give or withhold consent unless there is reason to believe otherwise.

2.2.3   Those under 16 have the right to give their consent, provided that they fulfil certain criteria and are deemed to be Gillick or Fraser competent. (In Scotland, this is covered by the Age of Legal Capacity Act 1991). Each case must be judged on its own merit and guided by the service user's individual circumstances. If there is any uncertainty further advice should be sought from an experienced colleague or specialist.

2.2.4   Clinicians should remember that consent can be withdrawn at any time, and that capacity is decision-specific and can change.

2.2.5   Online service providers should conduct robust assessments, ideally with the aid of valid consent and capacity assessment tools that enable a thorough evaluation of a service user's mental capacity during a consultation. This should not be limited to the ability to complete a registration process or agreement to the terms and conditions of use on a website.[1]

2.2.6   Where it is unclear whether the service user has the mental capacity to consent, or it is clear that the service user does not have the capacity to consent, clinicians should offer face to face consultations or refer the service user to another service for further assessment. This should clearly be recorded in the service user's notes.

2.2.7   Health professionals should take all reasonable steps to facilitate communication with the service user, in order to assess capacity. This may require using interpreters or communication aids as appropriate. Equality and diversity factors, such as a service user's ethnic background or disability, should also be considered in capacity assessment to eliminate the risk of misinterpreting indicators of cultural difference as incapacity and reduced cognitive function.[16]

2.2.8   Where family members, carers or relatives use online consultations on behalf of the service user, practices must have robust assessments to verify authorisation by proxy while being alert to the possibility that pressure or undue influence can come from these parties.[17]

2.3   Management of Information

> Appropriate sharing of information between providers in a service user's care is an important part of good medical practice. Where there is a clinical indication, online providers should consider how permission to share information is recorded and conducted.

2.3.1   Online service providers must recognise that appropriate sharing of information between providers involved in a service user's care is an important part of good practice as outlined in guidance from the General Medical Council.[18]

2.3.2   Online service providers should routinely ask service users if details of their consultation could be shared with their own GP. Providers should encourage service users to provide their GP's details to support safe and effective care.[1]

2.3.3   Where there is a clinical indication and, on the service user's request, a decision is taken to prescribe without sharing this information with the service user's GP, it is good practice for this to be clearly documented in the service user's records.

2.3.4   If clinicians are prescribing for service users who are overseas, they should consider how they can safely share information with local healthcare care providers, including any necessary follow-up or review.

2.3.5   Online service providers must make provisions for safe transfer of service user information within their clinical team when handing over care.

2.3.6   Providers should ensure easy access to service user records (with consent) when required during emergency care.

2.3.7   The consent of a service user is required before any disclosure of information obtained during their healthcare, except in exceptional circumstances where disclosure is to protect the individual from serious harm or is in the public interest.[18]

2.3.8   All communication and information transfer methods should be secure and ensure confidentiality.

2.3.9   Providers should be aware that they may be liable for the actions of their staff if these principles of information sharing are not respected.

2.4 Record Keeping

Policies and practices should be in place to ensure appropriate and secure
management of service user information in line with current guidance.

2.4.1   Providers should be aware that good record keeping ensures that clinicians can
readily access information to provide efficient and high quality care. It facilitates
continuity of care whilst informing and justifying decision made in a manner that it is
clear to all.

2.4.2   All providers of online services require robust records management procedures to
meet the requirements set out under the Data Protection Act 2018 (which is the UK's
implementation of the European Union's General Data Protection Regulation) and
the Freedom of Information Act 2000.[31,32]

2.4.3   The Storage, retrieval, disclosure, transfer, archiving and disposal of health records
must comply with Records Management: NHS Code of Practice.[19]

2.4.4   The healthcare professional making the record should be clearly identifiable and
information should be recorded in a manner that accurately reflects the consultation.

2.4.5   The assessment of capacity, and any vulnerabilities, should be recorded in the
service user's notes, including the management plan and any actions taken. The use
of a standardised pro-forma is encouraged, see Appendix 2 and Brook guidance
'Spotting the Signs'[20]

2.4.6   Multimedia images exchanged between service users and providers are increasingly
part of the service user record and must be stored securely. If it is proposed that the
image may be used for education or teaching, then written consent must be obtained
and the use must not be wider than that to which consent has been given.[21]

2.4.7   Good clinical records support audit, management, planning and research. Providers
are encouraged to monitor the process of record keeping in order to aid these
activities.[1]

2.5 Marketing and Advertising Standards

> Providers of Online Services must adhere to the UK Code of Non-broadcast
> Advertising and Direct & Promotional Marketing code (CAP code), with regard to
> relationships with pharmaceutical companies and advertising of their products

2.5.1 In accordance with the UK Code of Non-broadcast Advertising and Direct &
Promotional Marketing code (CAP code), online SRH service providers should
adhere to the following measures:[22]

   a) Marketing communications must be obviously identifiable as such.

   b) Marketing communications must make clear their commercial intent with clear
   labelling of any advertising

   c) Unsolicited e-mail marketing communications must be obviously identifiable as
   marketing communications without the need to open them

2.5.2 If the online service provider is providing a health advice, and either exclusively
features or gives greater prominence to a brand with which the providers have a
commercial relationship, the commercial nature of their relationship should be clearly
conveyed to the user.

2.5.3 Although it is designed to reflect the law, the CAP Code does not cover marketers'
legal or other obligations, which remain their responsibility.

3 Standard 3. Treating people with kindness, respect and compassion

3.1 Access to Services

> It is the Provider's responsibility to ensure access to their services is inclusive and makes consideration and provides support to enable those who may find it difficult to use.

3.1.1 Online services need to be accessible to as wide a range of individuals as possible and be easily accessible using modern browsers or apps. They should satisfy the checkpoints developed by the World Wide Web Consortium (W3C) in order to maximise access by people with disabilities.[23] There should be options available to direct service users to digital support if they require this.

3.1.2 The provider should make it clear what SH/ SRH care and treatment is available via the online service. This may include tests for sexually transmitted infections (STI) and HIV and/ or contraception provision. They should also be explicit about what is not available via the online service such as contraceptive injections, implants and intrauterine contraception.

3.1.3 The provider must have due regard to the Equality Act 2010.[24] Where service users have protected characteristics every effort should be made to remove, or reduce, barriers and ensure effective communication. This is especially important with online SH/ SRH services where specific provisions and formatting of information will need to be provided.

3.1.4 Additional support should be available for those who require information to be provided in a language other than English. The provider should detail which languages are available to meet the needs of the people using the service.

3.1.5 The provider must work within the requirements of the Mental Capacity Act 2005[25] (Adults with Incapacity Act (Scotland) 2000[26]). An assessment must be made to ensure that the service user has the capacity and ability to consent to using the service and to be involved in planning their care, treatment and management, see also Section 2.2.

3.1.6 There will be some people for whom online services are not appropriate and these must be clearly identified by the service provider. These may include some with disabilities, those who are not able to use the internet, those with language difficulties, those where there are safeguarding issues and those with certain symptoms. This list is not exclusive. A clear pathway needs to be available when online services are not appropriate to direct the individual to face to face terrestrial services or other suitable options. The provider needs to explain to the individual why the online service is not suitable for them so that they understand the reasons behind this.

3.2   Consultations

Staff delivering online consultations should understand and promote compassionate, respectful and empathic behaviour.

3.2.1   Online specialist SH/ SRH services should provide individualised care using appropriate and understandable language so that each person receives appropriate person-centred care and treatment that is based on an assessment of their needs and preferences.

3.2.2   In addition to automated online provision health care professionals, or people with the required level of skills and knowledge, need to be available to discuss care and treatment choices with the service user. The discussion should include health, social and emotional needs as well as partner notification. They must provide support to make sure the person understands the risks and benefits associated with their choices and enable them to make informed decisions about their care and treatment.

3.2.3   The provider should understand the range of individuals who may use on line services so that their systems gather the necessary information in a clear, standardised and sensitive way. This should cover the key areas detailed in UK national guidelines and standards to take account of age; gender; sexual orientation; sexual history including risk factors; contraceptive history including family history; medical history; current medication; drug allergies; social and cultural background.[27,28,29]

3.2.4   For those who have protected or other characteristics defined under the Equality Act, and where there are language difficulties, communication needs should be addressed as detailed in 3.1.3 and 3.1.4.[24]

3.2.5   The provider should have a system of processes, validated by national standards with clinical support from a specialist (consultant level or equivalent) trained in SH/ SRH. This should recommend pathways for the care, treatment and management of the service user, dependent on the information provided.

3.2.6   Treatment options should be made clear to the service user, and the implications of not undertaking any, or only undertaking a part, of the care should be documented.

3.2.7   Provision must be made to inform the individual how their test kits will be delivered and the time frame in which they will arrive, how to obtain their results, how any necessary treatment and other management will be performed, and whether any follow-up will be required.

3.2.8   Provision must be made to inform the service user how their contraception will be delivered and the time frame in which it will arrive, how the method should be used and whether any follow-up will be required. It is best practice to provide the service user with written information.

3.2.9   Signposting to other services should be made available where necessary.

3.3 Workload

> Service Providers must ensure that the tests they utilise meet all UK standards and
> that processes are in place for monitoring and evaluating their work.

3.3.1 All laboratories commissioned to perform STI diagnostic testing must be
appropriately accredited and deliver optimal standards of laboratory services
including specimen turnaround times. They should be Clinical Pathology Association
(CPA) / UK Accreditation Services (UKAS) accredited and have evidence of External
Quality Assessment (EQA), Internal Quality Control (IQC) and Internal Quality
Assurance (IQA).[28]

3.3.2 Individuals being tested for STIs should be tested for relevant pathogens only, as per
national guidance, using highly performing tests that are endorsed and
recommended by the relevant governing body.

3.3.3 Service users should be advised about the tests' sensitivity in detecting infection and
about 'window periods' when infection may not be reliably identified.

3.3.4 Providers should audit the return rates of any home testing kits.

3.3.5 Results (both positive and negative) should be received by the service user within
time frames specified within national and local policy. Those diagnosed with an
infection should be offered treatment and receive this promptly if accepted, following
UK national standards.[30] Other management and partner notification arrangements
should be initiated as detailed in 3.5.6.[28]

3.3.6 The provider needs to have in place contingency plans for the seamless provision of
care if there is an unexpected rise in demand or failure of supplies so that the service
user is protected.

3.4   Supporting service user involvement

Providers should ensure that the site is easy to navigate with regular review and input from the Service User

3.4.1   Digital support should be available on the website for individuals to obtain additional explanation or information. Help buttons should be easily identifiable, clear and consistent. The provider should have a mechanism for reviewing their use to enable them to identify areas requiring revision, and should ensure the information is kept updated to meet service user's needs.

3.4.2   Information, including how to contact them, should be provided on the website regarding external bodies, community organisations and advocacy services that can provide independent support and advice for service users.

3.4.3   All policies must have an Equality Impact Assessment performed and any actions required must be completed.

3.4.4   The provider must actively seek the views of service users about their experience of using online services, how care and treatment has met their needs and suggestions for improvement. The provider must consider these and be able to demonstrate that they responded to any feedback, see Section 4.2.

3.5   Respecting and promoting privacy, dignity and confidentiality

> Providers must adhere to national guidance and standards regarding the use of
> service user information and demonstrate how confidentiality is maintained

3.5.1   Information about individuals must be held confidentially and comply with the 2018
Data Protection Act (DPA), the General Data Protection Regulation (GDPR) and any
regulations pertinent to STIs.[31,32,33,34],[35] Providers of services must ensure they have
a designated lead person for GDPR.

3.5.2   Individuals must be informed about how their data will be held and that it will be
treated confidentially within the terms of the DPA, GDPR and STI requirements. Staff
will be required to undergo training in data protection and information governance
and adhere to all legislation and requirements, including Caldicott principles.

3.5.3   The provider must ensure that all records relating to the service user (including
assessments, care, treatment plans, correspondence and referrals) are kept securely
for the required retention periods.[36,37,38,39]

3.5.4   Products sent by post should be sent in a discreet, non-identifiable, anonymous
package so that no one but the recipient will know what the package contains.

3.5.5   Results should be provided in a way that enables the service user to maintain privacy
and confidentiality.

3.5.6   Clear pathways with choices for individuals to obtain care, treatment and further
management should be available if an STI is identified. They should be given
information on the need for partner notification and advised that this is part of STI
management. It should be managed in a respectful and sensitive manner and service
users should be offered ways to arrange partner notification.

4 Standard 4. Responsive

4.1 Equality

> Providers must be able to demonstrate how they promote equality within their services
> and fulfil the Equality Act 2010

4.1.1 Services must be accessible to everyone who may need to use it. If not, this may be a breach of the Equality Act 2010.[40]

4.1.2 Content and layout should be setup as to promote diversity and not to discriminate against any protected characteristic. This includes recognition of diverse sexual orientation and gender identities.

4.1.3 Websites and applications should be easy to use and neither directly or indirectly discriminate against those with poor digital literacy; safeguards include the use of clear English, clear site structure and unambiguous site navigation.[41]

4.1.4 Provision should be made to accommodate service users who have a limited understanding of English or a disability: this may include redirecting users who require access to digital support or to mainstream face to face services.

4.1.5 Services should abide by UK government recommendations World Wide Web Consortium advice to ensure optimal equality in access.[42]

4.2   Responding to suggestions, concerns and complaints[43]

> Providers must be able to demonstrate how they collect, manage and respond to suggestions, concerns and complaints from service users

4.2.1   Services should establish and operate an accessible and effective system for receiving, recording, handling and responding to concerns or complaints by service users.

4.2.2   Information and guidance about how to complain must be available and accessible to everyone who uses the service: this would be through clear signposting on websites' or applications' main menus and homepages. It should be available in appropriate languages and formats to meet the needs of those using the service.

4.2.3   Service users should be able to log complaints online, by post or via telephone and be given a choice for how they wish to be contacted with the response.

4.2.4   Services must tell people how to complain, offer support and provide the level of support needed to help them make a complaint. This may be through advocates, interpreter services and any other support identified or requested.

4.2.5   Complainants must not be discriminated against or victimised. In particular, a service users care and treatment must not be affected if they make a complaint, or if somebody complains on their behalf.

4.2.6   Appropriate action must be taken without delay to respond to any failures identified by a complaint or the investigation of a complaint.

4.2.7   Information must be available to a complainant about how to take action if they are not satisfied with how the service manages and/or responds to their complaint. Information should include the internal procedures that the service must follow and should explain when complaints should/will be escalated to other appropriate bodies.

4.2.8   Where complainants escalate their complaint externally because they are dissatisfied with the local outcome, the service should cooperate with any independent review or process.

4.2.9   Services must have effective systems to make sure that all complaints are investigated without delay.

4.2.10 The complainant should expect to receive both an acknowledgement of the complaint and a formal response to their complaint within an acceptable time periods in keeping with local and national guidance.

4.2.11 Services should monitor complaints over time, looking for trends and areas of risk that may be addressed.

4.2.12 Consent and confidentiality must not be compromised during the complaints process unless there are professional or statutory obligations that make this necessary, such as safeguarding.

4.2.13 Complainants, and those about whom complaints are made, must be kept informed of the status of their complaint and its investigation, and be advised of any changes made as a result.

4.2.14 Services must maintain a record of all complaints, outcomes and actions taken in response to complaints. Where no action is taken, the reasons for this should be recorded. A summary response for each complaint must be made available even when the complainant cannot be reached.

4.2.15 Services must act in accordance with Regulation 20: Duty of Candour in respect of complaints about care and treatment that have resulted in a notifiable safety incident.[44]

4.3   Service user and Public Engagement[28]

> The Provider must be able to demonstrate how service user and public involvement is encouraged and developed

4.3.1   Services should be able to demonstrate service user involvement in service design.

4.3.2   A service user and public involvement plan should be developed and supported by the service.

4.3.3   Service user engagement should be encouraged as part of the routine process of using the service. This would encompass a variety of media including: online feedback forms, email, telephone or postal responses.

4.3.4   Services should have a mechanism for recording and reporting service user outcomes and experiences including both quantitative metrics and qualitative feedback.

4.3.5   Service users and their partners, the public, staff and external partners should be engaged and involved to support high-quality sustainable services. Efforts should be taken to canvass the opinions of those people in a range of equality groups including those with protected characteristics.

4.3.6   There should be positive and collaborative relationships with external partners to build a shared understanding of challenges within the system, the needs of the relevant populations, and to deliver services to meet those needs.

4.3.7   There should be transparency and openness with all stakeholders about performance.

5 Standard 5. Governance and Leadership

5.1 Leadership

It should be clear to staff and users whom the leaders are within a service, their relevant qualifications and how to communicate with them.

5.1.1 Online specialist services in SH/ SRH should be clinically supported by those with consultant level training in SH/ SRH. This will ensure they have the expertise to deliver best care in line with national standards.

5.1.2 There should be a program of training and professional development to ensure that clinical leaders maintain and develop their skills.

5.1.3 Leaders should understand the challenges to quality and sustainability and how these differ in the online environment, and the mechanisms to identify the actions needed to address any concerns.

5.1.4 Service leaders need to be accountable, approachable, and available to their staff. Their roles and responsibilities need to be clearly described along with clear lines of communication.

5.2   Vision and strategy

Services should have a clear vision and credible strategy to deliver high-quality sustainable care, and robust plans to deliver this care.

5.2.1   Organisations should collaborate with staff, external partners and service users to develop their vision, values and strategy.

5.2.2   Care must be taken when planning the capacity of the service and service user pathways so that they appropriately reflect the needs of service users. The capacity of other relevant NHS providers to respond to these needs should be considered to ensure appropriate support can be continued.

5.2.3   Online services may see rapid rises in demand in response to restructuring of other SH/ SRH services. Services should anticipate service user flow particularly through any periods of transition.

5.3   Culture of the organisation

All staff should have had initial orientation, yearly appraisal and be aware of the whistleblowing policy

5.3.1   There should be a culture of high-quality, sustainable care where staff feel supported, respected and valued. Relationships between staff should be cooperative, supportive and appreciative. Staff and teams should work collaboratively, share responsibility and resolve conflict quickly and constructively.

5.3.2   The service provider should have a culture centred around the needs of the service users. This should encourage openness and honesty at all levels in response to incidents.

5.3.3   Staff practice should be reflective. There should be mechanisms to learn and take action as a result of any concerns raised. The organisation must comply with the statutory requirements for duty of candour.

5.3.4   There should be mechanism for providing all staff at every level with the development they need, including high-quality appraisal and career development opportunities, where appropriate.

5.3.5   There should be an emphasis on the safety and wellbeing of staff. Staff should be aware of the policy for whistleblowing within the organisation and who they should contact to raise concerns about service user safety, or colleague performance.

5.3.6   The organisation should promote equality and diversity within and beyond the organisation. Training should be offered in this area.

5.4   Governance and management

> Providers of online SH/ SRH services must be registered with the appropriate
> regulatory body.

5.4.1   Organisations should have clear responsibilities, roles and systems of accountability
to support good governance and management. These systems should be regularly
reviewed.

5.4.2   There should be clarity for all staff in relation to their roles and responsibilities.

5.4.3   Arrangements with partners and third-party providers should be governed and
managed effectively to encourage appropriate interaction and promote coordinated,
person-centred care.

5.4

5.5   Learning, improvement and innovation

> The organisation should be able to demonstrate performance against KPIs (or other improvement indicators) and have conducted audit loops to show quality improvement.

5.5.1   The service should have robust systems and processes for learning, continuous improvement and innovation. Learning should be effectively shared across the organization. Services should participate in appropriate research projects and recognized accreditation schemes. Where standardised improvement tools for service improvement exist, they should be adopted.

5.5.2   Systems should exist to support improvement and innovation work. The organisation must have robust audit and service evaluation programmes in place to identify performance against benchmark standards and to demonstrate improvement.

6　About this guideline

6.1　Editorial Independence

This set of standards was written, edited and endorsed by the FSRH and BASHH without external funding being sought or obtained.

6.2　Declarations of interest

Following consideration, the Working Group did not have any relevant declarations of interest to declare.

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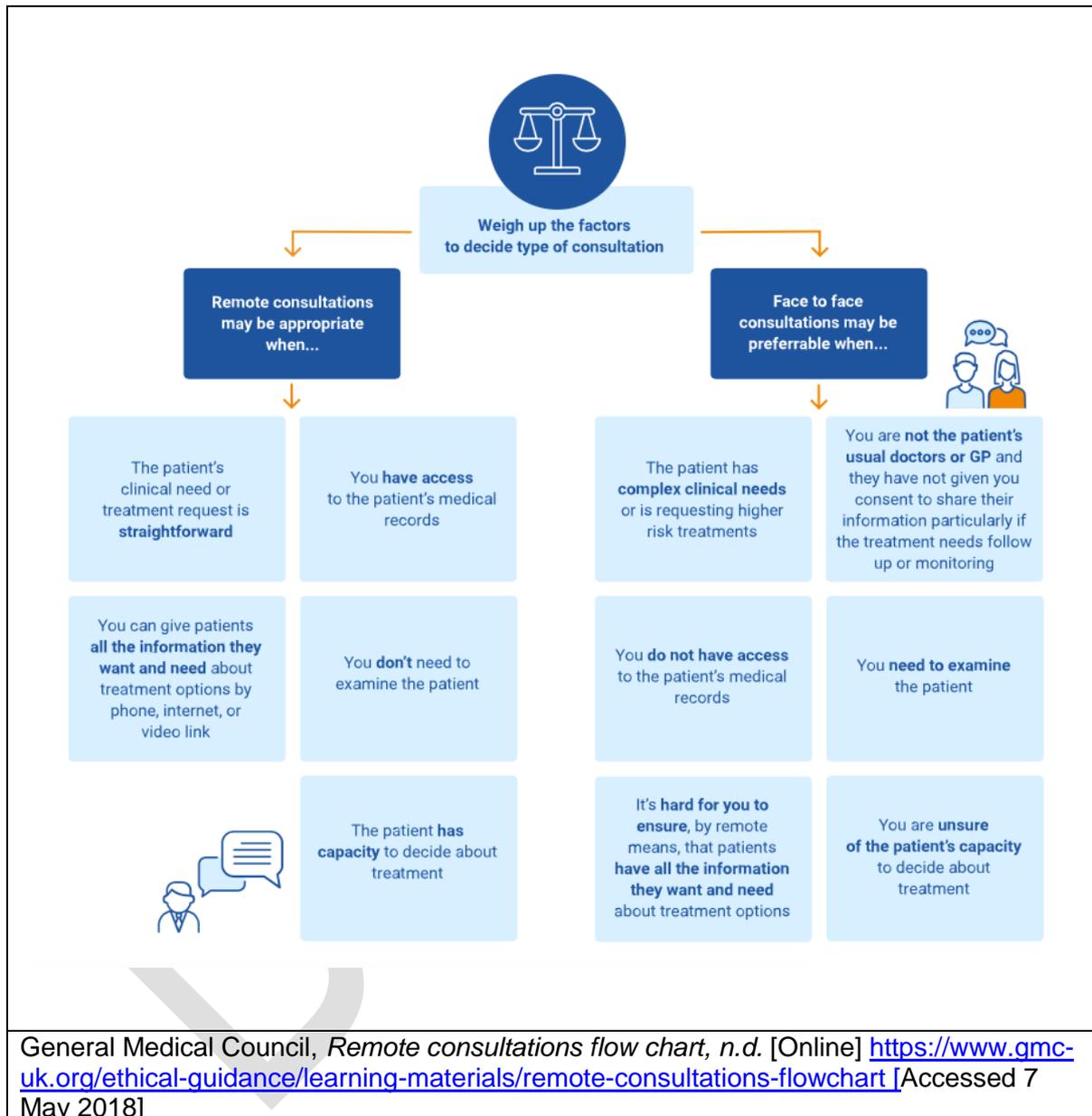[1] Care Quality Commission, *The state of care in independent online primary health services*, March 2018 [Online] http://www.cqc.org.uk/sites/default/files/20180322_state-of-care-independent-online-primary-health-services.pdf [Accessed 25 June 2018]

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8 Appendices

Appendix 1: Remote consultations flow chart

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Reproductive Health Services.

Appendices

Appendix 2: Spotting the Signs. A national proforma for identifying risk of child sexual exploitation in sexual health services

SPOTTING THE SIGNS: CHILD SEXUAL EXPLOITATION

Visit number:

Confidentiality discussed and understood:

Age:	Gender:	Ethnicity:

Education

Do you attend school/ education other than school/pupil referral unit/ college/training/ employment?	Do you attend regularly?	Do you enjoy it?	Is there anyone there who you can talk to?

Family Relationships

Who do you live with?	How are things at home?	Do you feel like you can talk to someone at home about sex and relationships?	Young carer: Looked after child: Homeless: Runaway: Family bereavement: Learning or physical disability:

Are you involved with any other agencies or professionals such as social workers or mental health services?

If so, would you be happy for us to contact them if we feel we need to?

Friendships

Do you have friends your own age who you can talk to?	Do your friends like and know the person you have sex with (if you are involved with or having sex with anyone)?

Relationships

Are you having sexual contact with anyone? (If no) When was the last time you did?	(If yes) Are you happy with the person you're going out with/the person you have sex with?	How old is the person you are having sex with?	How many people have you had sexual contact with in the past three months? In the past 12 months?
Where do you spend time together?		Where did you meet the person you have sex with?	

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Appendices

Consent

Have you ever been made to feel scared or uncomfortable by the person/s you have been having sexual contact with?	Have you ever been made to do something sexual that you didn't want to do, or been intimidated?	Do you feel you could say no to sex?
Has anyone ever given you something like gifts, money, drugs, alcohol or protection for sex?	Where do you have sex?	Who else is or was there when you have sex (or any other form of sexual contact)?

Sexual Health

What contraception do you use?	Do you feel like you can talk to the person you have sex with about using condoms or other forms of contraception?
Have you ever had an STI test?	Have you ever had an STI? If yes, which, and how many times?

Do you ever use drugs and/or alcohol?

Do you often drink or take drugs before having sex?

Do you suffer from feeling down/depression?	Have you ever tried to hurt yourself or self-harm?	Have you ever been involved in sending or receiving messages of a sexual nature? Does anyone have pictures of you of a sexual nature?

Professional analysis

Is there evidence of any of these within their relationship?

Coercion:
Overt aggression (physical or verbal):
Suspicion of sexual exploitation/grooming:
Sexual abuse:
Power imbalance:
Other vulnerabilities (please give details):

If you have identified risks or concerns please discuss with your CSE or Safeguarding Lead by _____ (date) and follow your own child protection policy and procedure.

Any additional information:

Signed:	Printed:		
Fraser Guidelines		**Yes**	**No**
The young person understands the health professional's advice.			
The young person is aware that the health professional cannot inform his/her parents that he/she is seeking sexual health advice without consent, nor persuade the young person to inform his/her parents.			
The young person is very likely to begin having, or continue to have, intercourse with or without contraceptive/sexual health treatment.			
Unless he/she receives contraceptive advice or treatment the young person's physical or mental health, or both, are likely to suffer.			
The young person's best interests require the health professional to give contraceptive advice, treatment, or both without parental consent.			

BASHH/ Brook, *Spotting the Signs. A national proforma for identifying risk of child sexual exploitation in sexual health services*, April 2014 [Online] https://www.brook.org.uk/our-work/spotting-the-signs-cse-national-proforma [Accessed 25 June 2018]

Appendix 3, Assessment Tools for Capacity

Mental Capacity Act 2005

The Mental Capacity Act 2005 details a two-stage test of capacity:

- Does the person have an impairment, or a disturbance in the functioning, of their mind or brain?

- Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to? You should offer all appropriate and practical support to achieve this before applying this stage of the test.

The second stage of the test (or functional test) dictates that the person is unable to make a decision if they cannot:

- Understand the information about the decision to be made

- Retain that information in their mind

- Use or weigh –up the information as part of the decision process

- Communicate their decision

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Gillick competency/ Fraser guidelines

Gillick competency and Fraser guidelines refers to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent. Since then they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

The Fraser guidelines refer to the guidelines set out by Lord Fraser in his judgment of the Gillick case in the House of Lords Lord Fraser stated that a doctor could proceed to give advice and treatment:

Provided they are satisfied that:

- The young person will understand the professional's advice

- The young person cannot be persuaded to inform their parents

- The young person is likely to begin, or to continue having, sexual intercourse with or without contraceptive treatment

- Unless the young person receives contraceptive treatment, their physical or mental health, or both, are likely to suffer

- The young person's best interests require them to receive contraceptive advice or treatment with or without parental consent

Gillick v West Norfolk and Wisbech AHA [1986] AC112, [1985] 3 WLR830, [1985] 3 All ER 402, HL [Online]
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